

Standard Operating Procedures

SECTION 1: GENERAL

It is the purpose of this order to limit the various administrative and operational publications in general circulation in the Department to: Standard Operating Procedures, Medical Standing Orders and Numbered Memorandums; to explain briefly their intended function and to provide for their filing and disposition.

It is the responsibility of the EMS Manager to develop, approve, and maintain these documents.

SECTION 2: STANDARD OPERATING PROCEDURES (SOP)

1. SOPs will be published from time to time to supplement the Constitution and Articles of Incorporation, and to set forth established and detailed procedures for the operations and administration of the EMS program.
2. A complete and current file of all General Orders shall be maintained by each officer of the service.
3. SOPs shall be filed by number and remain in force until rescinded by the EMS Manager, at which time they shall be removed from the files and destroyed.
4. When a memorandum changes the meaning or intent of a SOP, the SOP shall be changed within one year and the memorandums nullified.
5. The Administrator shall determine if a numbered Memorandum affects a SOP. If a SOP is affected, the Memorandum will be placed in a file to ensure revision at the next rewrite.
6. All members shall be held accountable for procedures or practices directed in SOPs as they pertain to their respective assignments or jobs
7. Officers shall provide instruction and training to assure that personnel under their charge have a working knowledge of SOPs in which they are concerned, and shall schedule a review of all SOPs at least once a year.
8. All SOPs shall bear the signature of the Chief and shall show an effective date.

SECTION 3: MEMORANDUMS

1. Information or instructions not warranting publishing in the SOPs will be issued as numbered Memorandums by the Administrator. These will be numbered sequentially. They shall be posted with the most recent copy on top. At the end of the calendar year, after removal from the file, memorandums not directed for disposal shall be filed. The Administrator shall cause to be maintained a master file of all memorandums regardless of footnoted instructions for other disposition.

COORDINATION

1. In addition to numbered memorandums, all SOPs or revisions to SOPs shall be posted to call attention to that change.

SECTION 4: PROHIBITION

1. All members are hereby expressly prohibited from withdrawing, borrowing, or in any way removing an official order or letter, or other administrative record from any station or office, without written authority from the EMS Manager.

SECTION 5: WORK COPIES

1. Copies of memorandums or General Orders may be made up when frequent reference may be necessary.

SOP 1: DEPARTMENT MEMBERSHIP

Effective date:

Revised:

SECTION 1.1 - GENERAL

1.1.1 All members shall be appointed by the EMS Manager.

1.1.2 Membership shall be limited to the following categories:

- | | | |
|---------|----------------|---|
| 1.1.2.1 | Members: | Both career and volunteer who are participating in the day-to-day furnishing of emergency service to the community. |
| 1.1.2.2 | Badge Members: | Persons who have completed the one-year probationary period; |
| 1.1.2.3 | Provisional: | Persons who have successfully completed a recruit academy but have not served the one-year probationary period; |
| 1.1.2.4 | Brigade: | A member with unique knowledge training or skills serving the department in a non-traditional capacity such as administrative or financial support. |
| 1.1.2.5 | Honorary: | Persons appointed by the EMS Manager because of meritorious service or other attributes; |
| 1.1.2.6 | Short-term: | Members serving a temporary tour with specific duties only. |

SECTION 1.2 - APPLICATIONS & SELECTION OF DEPARTMENT MEMBERS

1.2.1 Membership shall be limited to those persons who maintain department requirements

1.2.2 The following steps shall be used in the selection and appointment of members:

1.2.2.1 Completes application - forwards to Administrator (applicant).

1.2.2.2 Reviews for accuracy and eligibility and forwards to membership committee (Administrator).

1.2.2.3 Meets with and interviews applicant (membership committee).

1.2.2.4 Makes background checks and references. Forwards to EMS Manager with recommendation (membership committee).

1.2.2.5 Notifies applicant of status of application (membership committee).

1.2.2.6 Notifies successful candidates to report to Rescue Captain for induction (EMS Manager).

1.2.2.7 Schedules classes, instructors, monitors written and oral exams, issues training equipment

(Rescue Captain).

1.2.2.8 Issues training turnouts (Rescue Captain).

1.2.2.9 Attends all scheduled classes prescribed by the Rescue Captain (candidate).

1.2.2.10 Reviews performance, test scores, attendance, forwards successful candidate to EMS Manager (Rescue Captain).

1.2.2.11 Appoints candidate as a provisional member until the end of one year of service (EMS Manager).

1.2.2.12 Issues radio paging equipment and permanent turnout gear (Rescue Captain).

1.2.2.13 Conducts a quarterly evaluation of each provisional member with the department officers (Rescue Captain).

1.2.2.14 Receives complaints or problems in terms of provisional members performance, attitude, and capability and submits any recommendations to the EMS Manager (membership committee).

1.2.2.15 Appoints successful provisional member as active member, presents badge at next following General Meeting.

SECTION 1.3 - RE-APPOINTMENT OF MEMBERS

1.3.1. Any person dropped from the rolls for any cause may not re-apply for a period of two years.

SECTION 1.4 - APPOINTMENT OF HONORARY MEMBERS

1.4.1 Persons may be proposed to the Chief for appointment as an honorary member by any member or group of members.

1.4.2 The Chief may appoint such members.

SECTION 1.5 - APPOINTMENT OF SHORT TERM MEMBERS

1.5.1 Short-term members are appointed to fill specific positions.

1.5.2 They shall be limited in the length of their membership and shall not serve in other than

the specific posting to which they are appointed and shall not progress within the Department ranks or positions without first completing a recruit academy.

- 1.5.3 Short-term members shall meet the standards for the position and shall be governed by the Department SOPs.

SOP 2: APPARATUS AND EQUIPMENT SERVICE

Effective date:

Revised:

SECTION 2.1 - ROUTINE AND MINOR REPAIRS OF APPARATUS & EQUIPMENT

- 2.1.1 Vehicle operators and responders will be responsible for the maintenance of their assigned apparatus and equipment. They will use checklists provided to aid them in this task.
 - 2.1.1.1 Apparatus fuel tanks will be topped off any time they are at or below 3/4 full. This includes immediately after runs, if fuel is available.
- 2.1.2 “Minor repairs” means the act of restoring to good condition any minor item that has been broken or worn by use. Minor repairs to apparatus and equipment shall be any repairs the vehicle operator can accomplish without the assistance of a mechanic, such as replacing light bulbs. Contact the EMS Manager when there is any question as to the distinction between minor and major repairs.
- 2.1.3 “Major repairs” means the act of restoring to good condition any major item that has been broken or worn. Major repairs shall be done by the service center approved by the EMS Manager.
- 2.1.4 All routine maintenance will be scheduled in advance with the service shop.

SECTION 2.2 - EMERGENCY SERVICE OF APPARATUS AND EQUIPMENT

- 2.2.1 Reserve equipment will be used when a major breakdown places first line apparatus out of service. The EMS Manager and Rescue Captain will be notified of any change in status of apparatus.

SECTION 2.3 - RADIO REPAIRS

- 2.3.1 Personnel shall check fuses on mobile radios that do not transmit or receive BEFORE requesting repairs.
- 2.3.2 All requests for radio repairs will be made to the EMS Manager.
- 2.3.3 All mobile radios shall be turned off prior to charging the apparatus batteries.

SECTION 10.4 - RECORDS

10.4.1 All apparatus forms, checklists, or other forms shall be forwarded to the administrative office for filing.

10.4.2 These documents will be maintained for a minimum of one year.

SECTION 10.5 – VEHICLE INSPECTION

10.5.1 Vehicles will be inspected according to posted schedules.

SOP 3: MUTUAL AID

Effective date:

Revised:

SECTION 3.1 – GENERAL

- 3.1.1 It is the purpose of this SOP to prescribe the procedures that will be followed by the Department in carrying out the Mutual Aid Agreements entered into by the Department.
- 3.1.2 This order will not attempt to cover the subject of mobile support procedures developed under the terms of region or state disaster plans.

SECTION 3.2 - PURPOSE OF MUTUAL AID

- 3.2.1 It is the purpose of Mutual Aid to provide supplemental fire protection services between communities on request, on a reciprocal basis, when the potential magnitude of a MCI or disaster may overtax the resources of the area's EMS services.

SECTION 3.3 - MUTUAL AID AGREEMENTS

- 3.3.1 Mutual Aid Agreements exist between this and other communities. A list of these communities is posted for all members.

SECTION 3.4 - OFFICER AND COMMAND RESPONSIBILITIES

- 3.4.1 Respond out of the community as directed by the dispatcher only when requested to do so by the Officer in charge of an emergency.
- 3.4.2 Report to the Officer in charge of the fire and operate under this command.
- 3.4.3 Responders will operate under the direct command of their own respective officers.
- 3.4.4 Exercise judgment in placing personnel or equipment in dangerous positions. The officer in charge of response shall be the sole judge in determining the extent or imminence of such danger to personnel or apparatus.

SECTION 3.5 - OPERATING PROCEDURES

- 3.5.1 Response patterns are prescribed on assignment cards in the dispatch room.
- 3.5.2 Upon request for such an alarm, a general will be sounded and the prescribed apparatus

dispatched.

3.5.4 No member shall respond on their own to emergencies in mutual aid districts.

SOP 4: EMS PERSONNEL

Effective date:

Revised:

SECTION 4.1 GENERAL

- 4.1.1 The information and requirements in this section represent the expectations of EMS members.

SECTION 4.2 ENTRANCE REQUIREMENTS

- 4.2.1 Persons desiring to become EMS responders must at minimum, be certified as an Emergency Trauma Technician in the State of Alaska. They must also be able to meet the physical fitness standard. These persons must be at least 18 years of age.
- 4.2.2 Upon presentation of the above certificate and a signed application form, the Membership Committee will consider the applicant for membership.
- 4.2.3 Upon acceptance by the membership committee the individual will attend the next scheduled EMS recruit-training course that includes:
 - 4.2.3.1 Physical agility testing
 - 4.2.3.2 12 hours of EMS orientation
 - 4.2.3.3 12 hours of basic vehicle and rescue familiarization so that the candidate may participate as support personnel on a rescue.
- 4.2.4 Following successful completion of the recruit training program, the individual will complete a self-paced skill assurance list and document it on the EMS orientation form within 60 days. After successful completion of skills check-off the individual will be allowed to stand duty as approved by the Rescue Captain.
- 4.2.5 In order to be eligible for full department status as a badge member, the probationary member must within 12 continuous months:
 - 4.2.5.1 Successfully complete recruit training.
 - 4.2.5.2 Meet minimum division standards in training and duty sign-ups.
 - 4.2.5.3 Receive positive quarterly evaluations from the Rescue Captain.
 - 4.2.5.4 Complete not less than 12 months of successful probation.

SECTION 4.3 - PERSONNEL CAPABILITIES

- 4.3.1 All ETTs and EMTs will possess the knowledge and skills as reflected in the standards established by the Department of Transportation First Responder or EMT-Ambulance

curriculum, current edition (as appropriate).

- 4.3.2 All Defib Technicians will possess the knowledge and skills as reflected in the standards established by the State of Alaska regulations regarding EMT-Defibrillation certification.
- 4.3.3 All EMT II's and III's will possess the knowledge and skills required of EMT I's. In addition, those reflected in the standard operating procedures for EMT Defibs, II's and III's (as appropriate).
- 4.3.4 Paramedics will possess the knowledge and skills reflected in the Department of Transportation Emergency Medical Technician - Paramedic curriculum.
- 4.3.5 All EMS personnel are expected to act at least as support personnel at rescue incidents.
- 4.3.6 At each certification level, certain skills may be restricted or enhanced by standing orders.

SECTION 4.4 - CERTIFICATION AND LICENSURE

- 4.4.1 All ETT's, EMT I's, II's, and III's will possess current certification at their respective levels issued by the State of Alaska, Department of Health and Social Services, Division of Public Health, Emergency Medical Services Program.
- 4.4.2 Paramedics will possess current licensure as Mobile Intensive Care Paramedics issued by the State of Alaska, Department of Commerce and Economic Development, Division of Occupational Licensing, State Medical Board.

SECTION 4.5 - ACTIVITY REQUIREMENTS

- 4.5.1 All personnel will make every effort to attend weekly drill sessions. Attendance shall be recorded by the Rescue Captain in the master drill log. Personnel not planning to attend drill will report planned absences to EMS Division staff. Personnel are required to maintain a 60% drill attendance.
- 4.5.2 All personnel will sign up for ambulance duty a minimum of 5 nights per month, while in town, UNLESS shortage of personnel requires additional time.
- 4.5.3 Members are required to attend general meetings. EMS drills will not be scheduled during the week of general meetings, unless urgent matters need to be discussed.

SECTION 4.6 – RESCUE CAPTAIN

- 4.6.1 The Rescue Captain is responsible for overseeing EMS operations.
- 4.6.2 In the absence of the EMS Captain, an Interim Captain will be appointed who will have

the authority and responsibility for EMS operations.

SECTION 4.7 – MEDICAL DIRECTOR

4.7.1 Medical Director's duties include, but are not limited to:

4.7.1.1 Serves as liaison with the EMS Manager and Rescue Captain, to medical, nursing and other ancillary health professionals, and to the community at large.

4.7.1.2 Participates in the supervision of basic and advanced level prehospital providers through feedback and appropriate praise and criticism in run reviews.

4.7.1.3 Participates in the discipline and limiting of activities of those personnel who deviate from protocols and established standards of prehospital care.

4.7.1.4 Participates in the critique of written and oral communication skills of basic and advanced level providers as evidenced by the quality of patient care forms and radio transmission of patient data.

4.7.1.5 Participates in the revision of standing orders and protocols to ensure compliance with currently accepted standards of medical practice.

4.7.1.6 Participates in EMS Division training programs.

4.7.1.7 Provides on-line, direct voice medical control where transmission of information regarding patient condition, treatment, and progress is communicated in a uniform manner from EMT's and Paramedics in the field.

4.7.1.8 Familiarizes him/herself with the design and operation of the local prehospital EMS system and the administrative and legislative processes affecting regional and/or state prehospital EMS systems.

4.7.1.9 Approves addition/deletion of patient care techniques including drug therapy.

SECTION 4.8 - REIMBURSEMENT FOR EMT-1 TRAINING

4.8.1 The EMS Division may reimburse a department member for course fees incurred in obtaining EMT-I training, after 1 year of active participation as a certified EMT. This includes meeting the minimum requirements for department participation.

SECTION 4.9 - REIMBURSEMENT FOR ADVANCED LEVEL TRAINING

4.9.1 Tuition paid for participation by volunteer EMS Division personnel in a Defibrillation Course, an EMT II, EMT II Refresher, EMT III, or EMT III Refresher Course will be

reimbursed at the conclusion of one year of certification at that level.

SECTION 4.10 - REIMBURSEMENT FOR PARTICIPATION IN OTHER TRAINING

4.10.1 Participation in ACLS, PHTLS, and other continuing education sessions offered outside of the department will not be reimbursable. However, if the EMS Manager deems that such training will be directly benefit the program, the EMS service may pay for course fees upon proof of successful completion.

SECTION 4.11 - CRITERIA FOR ADVANCEMENT IN CERTIFICATION/SKILL LEVELS BY EMS PERSONNEL

4.11.1 EMT-I to EMT-II to EMT-III:

1. 60% drill attendance.
2. Meet minimum standards for on-call duty. At the discretion of the Rescue Captain and the Medical Director, exceptions may be made due to work schedules, etc.
3. Number calls: At least 10 ALS calls as crew chief with positive reviews.
4. IV "stick sheet" and drug administration records up to date. *
5. Intubation records up to date. *
6. Oral and/or written review by Rescue Captain, Medical Director and support by EMS Manager.
7. 90% score on standing orders quiz (pertinent to present level of training).
- * Not required for advancement of EMT-I to EMT-II.

4.11.2 Approval of Endotracheal Intubation:

Following department approved training and testing by the Medical Director, approval for this skill may be granted to an individual. Personnel may be required to test on a monthly basis and perform satisfactorily.

SOP 5: UNIFORMS AND EQUIPMENT

Effective date:

Revised:

SECTION 5.1 – UNIFORMS

5.1.1 EMS personnel will be issued the following:

1. One pair of turnout boots
2. One pair turnout pants
3. One turnout jacket
4. One pair heavy-duty leather gloves
5. One helmet
6. One pocket mask w/oxygen inlet & 1 way valve
7. One plastic nametag
8. One department jacket
9. One pager

5.1.2. Turnouts

Full turnouts will be worn at all flammable liquid risks, aircraft accidents, hazardous materials alarms, general alarms, structural fires and motor vehicle accidents necessitating extrication.

SECTION 5.2 - ONBOARD EQUIPMENT

5.2.1 Each crew shall be responsible for maintaining an adequate inventory of expendable supplies on all apparatus.

5.2.2 At the beginning of each shift, crewmembers must ensure that the onboard oxygen is off and bled out of the line. On-board oxygen gauge pressures less than 250 psi will be cause for changing tanks.

5.2.3 Upon coming on-shift, personnel will ensure that each piece of rechargeable equipment is adequately charged. Personnel will also ensure that the portable oxygen tanks exceed 500 psi and change tanks when gauge pressure is less than 500 psi.

5.2.4. When left at the clinic, equipment shall be replaced with similar items upon return to station, with notification made on the board next to the ambulance.

5.2.5 Equipment picked up at the clinic will be placed in service as soon as practical.

SOP 6: OPERATIONS

Effective date:

Revised:

SECTION 6.1 GENERAL

- 6.1.1 This section is intended to establish guidelines for minimum staffing, interaction with other divisions of the fire department, and interaction with federal, state, and municipal public safety agencies.

SECTION 6.2 PRIMARY RESPONSIBILITIES

- 6.2.1 The EMS Service is the designated agency responsible for providing prehospital emergency medical services throughout the Community when requested. Where certain emergency situations produce hazards or threaten safety, other governmental agencies or the fire department shall assume control of the area. EMS personnel will yield to the requests of the highest-ranking public safety official responsible for hazard control.
- 6.2.2 This in no way transfers medical responsibility to another agency and, as such, requires the members of the EMS service to ensure that activities of other officials do not compromise patient care.

SECTION 6.3 STAFFING OF MEDIC UNITS

- 6.3.1 EMS responses will be comprised at minimum, of 1 EMT and vehicle operator. Response by a lone driver in an ambulance and an EMT in another vehicle should be avoided if at all possible. However, it is recognized that personnel shortages may necessitate this manner of response.
- 6.3.2 The ideal response crew shall be comprised of a vehicle operator, an EMT-1, and an advanced level EMT.

SECTION 6.4 - RELATIONS WITH REPRESENTATIVES OF OTHER AGENCIES

- 6.4.1 Members will maintain cordial and professional relations with members of other agencies at all times. All members of the EMS service will afford superior officers of those agencies the courtesy and respect due their rank. Derogatory statements and criticisms of other agencies will not be tolerated.

SECTION 6.5 - RELATIONS WITH FIRE SUPPRESSION DIVISION AND OUTLYING

FIRE PROTECTION DISTRICTS

- 6.5.1 The interaction between members of the EMS service is predicated on the basis that the senior medically trained person at the scene is responsible for patient care supervision.

SECTION 6.6 - LAW ENFORCEMENT RESPONSE

- 6.6.1 Law enforcement agencies can expect to be summoned by EMS personnel under the following conditions:
 - 6.6.1.1. When the location of the call is at a so-called "high crime" or "questionable" area or residence in the community.
 - 6.6.1.2 When it is reported that any form of civil disorder or criminal activity is in progress or has been committed at or near the scene of the reported medical emergency (domestic violence, assault, weapons involved, etc.).
 - 6.6.1.3 When a call is located on a street or highway and assistance with traffic control will be needed.
 - 6.6.1.4 When a suspected suicide is involved.
 - 6.6.1.5 When an unattended death of questionable origin is involved.
 - 6.6.1.6 Suspected or known overdoses
 - 6.6.1.7 Bar calls of questionable nature
 - 6.6.1.8 The lead EMT feels law enforcement response is necessary to protect the patient and/or EMS personnel.
- 6.6.2 Personnel requesting law enforcement response must state the reasons for the request and if they are needed urgently or emergently. Personnel making the request for law enforcement must make themselves available to arriving law enforcement officers to inform them of the situation and our needs.

SECTION 6.7 – CRIME SCENE PROTOCOLS

- 6.7.1 When law enforcement arrives on scene prior to EMS personnel, it is assumed that law enforcement officers are responsible for immediate first aid care of the patient(s) to their highest level of medical training until EMS personnel arrive.
- 6.7.2 When on-scene dangers complicate the rescue or patient care responsibilities, the designated senior EMS responder shall present him/herself on scene to the senior law

enforcement officer. That law enforcement person shall escort the single EMS Division person to as near the patient(s) as possible. Under these circumstances, all other EMS personnel shall remain at an appropriate, safe area designated by the senior police/trooper official in charge until the danger is alleviated with respect to performing patient care.

- 6.7.3 EMS personnel entering a crime scene should follow direction from law enforcement personnel regarding preservation of evidence, but NOT with disregard to patient condition. All patient care decisions will be determined by the lead EMT.

SECTION 6.8 - AIRPORT EMERGENCY RESPONSE

- 6.8.1 During response by the on-duty crew, a back up will be summoned to stand-by.

SECTION 6.9 - HANDLING OF PATIENT PERSONAL BELONGINGS

- 6.9.1 Patient personal belongings will be handed over to emergency room staff at the hospital. If inadvertently left on the ambulance, these items will be left in the EMS office with a note attached stating name of patient and date of transport. If valuables are involved, they will be given to the Rescue Captain for safekeeping. Personal belongings and the delivery of these items will be documented on the patient report form.

SOP 7: COMMUNICATIONS

Effective date:

Revised:

SECTION 7.1 - COMMUNICATIONS WITH CLINIC

7.1.1 Communication with the clinic shall be ADVISORY in nature only. Unless the Medical Director is communicating from the clinic, orders for patient treatment from staff nurses will not be acted upon.

7.1.2 [FCC Call Sign] is the clinic call sign; communications will be opened as follows:

"[Your Community] Clinic, Medic 1-1"

7.1.3 Advisory information shall then be transmitted in the following order:

1. Patients age
2. Patients sex
3. Patients physician
4. Patients chief complaint
5. Physical findings
6. Patients vitals
7. Treatment preformed
8. ETA

SECTION 7.2 - COMMUNICATION WITH THE MEDICAL DIRECTOR

7.2.1 We may communicate with the Medical Director to advise him of the status of a call, and to receive orders for definitive treatment.

7.2.2 Notification of, and communication with the Medical Director will be at the discretion of the on-scene crew chief, except during major calls such as cardiac arrests, gun shot wounds, etc., at which time it is mandatory to contact with the physician sponsor. Guidelines for this are spelled out in the Standing Orders.

7.2.3 If radio communications are poor, standing orders will be instituted until adequate communications can be established by telephone.

7.2.4 Information will be transmitted to the physician advisor in the following manner:

1. Chief complaint or presenting situation.
2. Approximate age, sex, and body build of patient.
3. Pertinent past medical history to include medications and allergies to medications.
4. Pertinent physical findings and subjective information provided by the patient, including vital signs.
5. Treatment provided under standing orders.

6. Patient's personal M.D.
7. Approximate ETA

7.2.3 EMS personnel will do their utmost to carry out orders from the physician sponsor, but will avoid spending an inordinate amount of time at the scene.

SOP 8: RECORDS AND REPORTS

Effective date:

Revised:

SECTION 8.1 - PATIENT REPORT FORM

- 8.1.1 The patient care form shall be completed by the EMT providing patient care. Copy two of the form shall be left with emergency room personnel, and the original shall be placed in the administrative office.
- 8.1.2 The patient charge form will be completed by the EMT providing care and will be attached to the dispatch sheet.

SECTION 8.2 - PATIENT CONFIDENTIALITY

- 8.2.1 The Patient Report Form shall be viewed only by the ambulance crew on the call, the EMS Manager, Rescue Captain, Administrator, and Medical Director.
- 8.2.2 Personnel associated with the care of a patient shall avoid public comment of, and derogatory statements about, patients and the circumstances surrounding a call.
- 8.2.3 All personnel shall be aware that under Alaska Statutes, Code of Civil Procedure, Sec. 09.25.120. Inspection and Copying of Public Records, information contained within medical and related public health records are exempt from public inspection and disclosure.
- 8.2.4 No patient report form shall be copied for any reason unless cleared to do so by the EMS Manager.
- 8.2.5 If copies must be made for insurance billings or other instances Okayed by the EMS Manager, all copies must be stamped in red ink with the wording:

Confidential Records
For Ambulance
Billing Purposes only

- 8.2.6 Requests for copies of run reports must be made on the "MEDICAL RECORDS RELEASE FORM"¹¹. The form will be filed with the run report.

SECTION 8.3 INFORMATION PROVIDED TO THE MEDIA ON THE PATIENT REPORT FORM.

- 8.3.1 Personnel shall not release information on the patient report form to the media. Requests by the media for such information will be referred to the Rescue Captain or EMS Manager.

- 8.3.2 Release of such information will be limited to:
1. Nature of call (as reported by calling party)
 2. Time of dispatch
 3. Units responded
 4. Disposition of patient (e.g. transport, no transport)
 5. Time back in service

SECTION 8.4 - PATIENT REFUSAL

- 8.4.1 All personnel will exercise every effort to obtain patient signatures attesting to their refusal of treatment and/or transport by the EMS service. It is also required that EMS personnel explain to patients what they are signing and that advice to the patient concerning treatment be documented on the patient report form.

SECTION 8.5 - INFORMATION PROVIDED TO ATTORNEYS

- 8.5.1 All requests for copies of the patient care form will be referred to the EMS Manager.
- 8.5.2 Requests from patients' attorneys must be in writing, on letterhead, and accompanied by a release form, signed by the patient or legal guardian. Upon receipt of the letter, a copy of the patient care form will be provided to the attorney.
- 8.5.3 Requests from other attorneys NOT representing the patient must be in writing, on letterhead, and submitted with a court order or release signed by the patient to release a copy of the form.
- 8.5.4 If remarks made or events that transpire during a call concern the on-duty crew that the Fire Department and they themselves may be named in a civil suit for damages, the EMS Manager will be notified immediately and the following will take place:
- 8.5.4.1 All persons involved with the call must immediately complete an incident report prior to contact with the EMS Manager. All incident reports will be given directly to the EMS Manager.
- 8.5.4.2 The community attorney's office will be contacted, given pertinent information, and place all facts of the incident under the protection of the attorney/client relationship. Subsequently, any persons requesting information about the incident must do so through the attorney's office.